

IDAHO STATE BOARD OF BARBER EXAMINERS

APPLICATION FOR INSTRUCTOR LICENSURE

INSTRUCTIONS

All requested information must be provided and all questions must be answered. Failure to complete the application will result in its return to you. If you are applying for an instructor license based on experience and training, you must attach documentation which shows: the number of years you have practiced under licensure; the name and address of all businesses in which you obtained the experience; and the beginning and ending dates of experience for each business listed. All training received as a student instructor must be documented by an original student record of instruction, noting the name and address of the school and signed by an instructor or owner of the school. Your application must include the examination fee and the original license fee.

All applicants for a teacher's license must satisfactorily complete:

A minimum six (6) month course of barber teaching as a student in a properly licensed barber college;

OR

Document a minimum of three (3) years' experience in practical barbering;

AND

Satisfactorily pass the barber teachers' examination to be conducted by the Board.

The Board has ruled that **all applicants must pass the Idaho Jurisprudence examination**, as noted under Rule 450, prior to licensure. Your application must include the instructor application fee and the original license fee.

If you are applying for instructor licensure based on an instructor license from another state, etc., your application must include the original license fee, acceptable proof of birth, and the examination fee. The Bureau of Occupational Licenses must receive certification of your licensure directly from the licensing agency that issued your license, before your application will be processed. Certification of your licensure must include an itemized record of teacher instruction that shows the total hours of instruction. You are responsible for requesting certification from the agency that issued your license. To qualify for examination, you must hold a current instructor license issued by the licensing authority of another state, or country:

EXAMINATION FEE \$ 100.00

ORIGINAL INSTRUCTOR LICENSE \$ 25.00

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current medical documentation identifying your disability and supporting the need for the accommodations being requested.

Questions regarding this application or the requirements for licensure may be addressed to:

**IDAHO BOARD OF BARBER EXAMINERS
BUREAU OF OCCUPATIONAL LICENSES**

1109 Main Street, Suite 220

Boise, Idaho 83702-5642

bar@ibol.idaho.gov

IDAHO STATE BOARD OF BARBER EXAMINERS
Bureau of Occupational Licenses
1109 Main Street, Suite 220
Boise, Idaho 83702-5642

APPLICATION FOR INSTRUCTOR LICENSURE

Complete this form by providing the requested information (please print & note the attached instructions). Your signature must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted above.

I hereby submit my qualifications and make application for a license to practice as an instructor in the State of Idaho under the provisions of Title 54, Chapter 5, Idaho Code as amended.

1. **Full Name (Mr., Mrs., or Ms.)** _____

2. **Mailing address** _____

3. **Place of Birth** _____ **Date of Birth** _____ / _____ / _____
Street City State Zip
mm dd yyyy

(All Endorsement applicants must attach proof of age. A copy of your birth certificate, passport, or military ID, is acceptable.)

4. **Social Security No.** _____ - _____ - _____ **Home phone number** (____) _____ **E-mail** _____

5. **Are you currently licensed in Idaho to practice barbering wholly or in part?** [] Yes [] No

(If Yes, attach a copy of your license and continue below. If No, complete the attached addendum and continue below.)

6. **Do you have practical experience under licensure?** [] Yes [] No

(If yes, please attach a detailed statement of your experience, noting the names and addresses of the businesses in which you gained your experience and the dates of experience for each business listed.)

7. **Are you currently licensed to practice as a barber instructor in any other state?** [] Yes [] No

(If Yes, certification of licensure must be received directly from the licensing authority before your application will be processed.)

8. **Have you ever been convicted of any State or Federal felony?** [] Yes [] No

(If Yes, a detailed statement, including a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be attached.)

AFFIDAVIT

I hereby certify that I am the person named above and that I have no infectious or contagious disease which may pose a threat to the general public and that I am of good moral character and temperate habits. I further certify that I have successfully completed the required training program and have been duly graduated. I further certify that I have reviewed the Idaho Laws and Rules governing the practice of Barbering and that I will comply with those laws and rules should I be granted licensure. I swear or affirm that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I hereby authorize and direct any person, agency, firm, or other entity to release to the Bureau of Occupational Licenses or it's identified agent any and all information, communications recommendations, reports, records, statements, or disclosures, whether public, privileged or confidential, that may relate to my professional qualifications or credentials or that may have bearing on my eligibility for licensure.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

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ADDENDUM

A. CHARACTER REFERENCES: Please provide the names and addresses of three character references below.

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

B. WORK EXPERIENCE: List your work experience including employers names, addresses, phone numbers and dates of practice.

NAME OF SHOP _____ EMPLOYERS NAME _____

ADDRESS of SHOP _____ PHONE NO. _____

DATES of PRACTICE _____ TO _____

NAME OF SHOP _____ EMPLOYERS NAME _____

ADDRESS of SHOP _____ PHONE NO. _____

DATES of PRACTICE _____ TO _____

NAME OF SHOP _____ EMPLOYERS NAME _____

ADDRESS of SHOP _____ PHONE NO. _____

DATES of PRACTICE _____ TO _____

If more space is needed, attach a separate sheet of paper

C. PHOTOGRAPH: Attach an original passport photograph of yourself below.

ATTACH PHOTOGRAPH HERE

HEIGHT _____

WEIGHT _____

EYE COLOR _____

HAIR COLOR _____

OTHER DISTINGUISHING FEATURES _____

